

Written comments should be received by February 7, 2017.

**Summer King,**  
*Statistician.*

[FR Doc. 2016-29531 Filed 12-8-16; 8:45 am]

**BILLING CODE 4162-20-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

#### Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276-1243.

#### Project: Services Accountability Improvement System—(OMB No. 0930-0208)—Revision

The Services Accountability Improvement System (SAIS) is a real-time, performance management system that captures information on the substance abuse treatment and mental health services delivered in the United States. A wide range of client and program information is captured through SAIS for approximately 650 grantees. Continued approval of this information collection will allow SAMHSA to continue to meet Government Performance and Results Modernization Act of 2010 (GPRMA) reporting requirements that quantify the

effects and accomplishments of its discretionary grant programs which are consistent with OMB guidance.

Based on current funding and planned fiscal year 2016 notice of funding announcements (NOFA), the CSAT programs that will use these measures in fiscal years 2016 through 2018 include: Access to Recovery (ATR) 3 and 4; Adult Treatment Court Collaborative (ATCC); Enhancing Adult Drug Court Services, Coordination and Treatment (EADCS); Offender Reentry Program (ORP); Treatment Drug Court (TDC); Office of Juvenile Justice and Delinquency Prevention—Juvenile Drug Courts (OJJDP-JDC); HIV/AIDS Outreach Program; Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services (TCE-HIV); Addictions Treatment for the Homeless (AT-HM); Cooperative Agreements to Benefit Homeless Individuals (CABHI); Cooperative Agreements to Benefit Homeless Individuals—States (CABHI—States); Recovery-Oriented Systems of Care (ROSC); Targeted Capacity Expansion—Peer to Peer (TCE-PTP); Pregnant and Postpartum Women (PPW); Screening, Brief Intervention and Referral to Treatment (SBIRT); Targeted Capacity Expansion (TCE); Targeted Capacity Expansion—Health Information Technology (TCE-HIT); Targeted Capacity Expansion Technology (TCE-TAC); Addiction Technology Transfer Centers (ATTC); International Addiction Technology Transfer Centers (I-ATTC); State Adolescent Treatment Enhancement and Dissemination (SAT-ED); Grants to Expand Substance Abuse Treatment Capacity in Adult Tribal Healing to Wellness Courts and Juvenile Drug Courts; and Grants for the Benefit of

Homeless Individuals—Services in Supportive Housing (GBHI). Grantees in the Adult Treatment Court Collaborative program (ATCC) will also provide program-level data using the CSAT Aggregate Instrument.

SAMHSA and its Centers will use the data for annual reporting required by GPRA and for NOMs comparing baseline with discharge and follow-up data. GPRA requires that SAMHSA's report for each fiscal year include actual results of performance monitoring for the three preceding fiscal years. The additional information collected through this process will allow SAMHSA to report on the results of these performance outcomes as well as be consistent with the specific performance domains that SAMHSA is implementing as the NOMs, to assess the accountability and performance of its discretionary and formula grant programs.

Note changes have been made to add the recovery measure questions to the instrument from the previous OMB approval. The recovery measure questions are:

- How satisfied are you with the conditions of your living space?
- Have you enough money to meet your needs?
- How would you rate your quality of life?
- How satisfied are you with your health?
- Do you have enough energy for everyday life?
- How satisfied are you with your ability to perform your daily activities?
- How satisfied are you with yourself?
- How satisfied are you with your personal relationships?

#### ESTIMATES OF ANNUALIZED HOUR BURDEN CSAT GPRA CLIENT OUTCOME MEASURES FOR DISCRETIONARY PROGRAMS

SAMHSA Program title	Number of respondents	Responses per respondent	Total number of responses	Burden hours per response	Total burden hours
Baseline Interview Includes SBIRT Brief TX and Referral to TX .....	179,668	1	179,668	0.52	75,460
Follow-Up Interview <sup>1</sup> .....	132,954	1	143,734	0.52	60,386
Discharge Interview <sup>2</sup> .....	93,427	1	94,720	0.52	39,782
SBIRT Program—Screening Only <sup>3</sup> .....	594,192	1	594,192	0.13	77,244
SBIRT Program—Brief Intervention Only <sup>4</sup> Baseline .....	111,411	1	111,411	.20	22,282
SBIRT Program—Brief Intervention Only Follow-Up <sup>1</sup> .....	82,444	1	82,444	.20	16,489
SBIRT Program—Brief Intervention Only Discharge <sup>2</sup> .....	57,934	1	57,934	.20	11,587
CSAT Total .....	1,252,030	.....	1,252,030	.....	338,748

#### Notes:

<sup>1</sup> It is estimated that 80% of baseline clients will complete this interview.

<sup>2</sup> It is estimated that 52% of baseline clients will complete this interview.

<sup>3</sup> The estimated number of SBIRT respondents receiving screening services is 80% of the total number SBIRT participants. No further data is collected from these participants.

<sup>4</sup> The estimated number of SBIRT respondents receiving brief intervention services is 15% of the total number SBIRT participants.

**Note:** Numbers may not add to the totals due to rounding and some individual participants completing more than one form.

Written comments and recommendations concerning the proposed information collection should be sent by January 9, 2017 to the SAMHSA Desk Officer at the Office of Information and Regulatory Affairs, Office of Management and Budget (OMB). To ensure timely receipt of comments, and to avoid potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, commenters are encouraged to submit their comments to OMB via email to: [OIRA\\_Submission@omb.eop.gov](mailto:OIRA_Submission@omb.eop.gov). Although commenters are encouraged to send their comments via email, commenters may also fax their comments to: 202-395-7285. Commenters may also mail them to: Office of Management and Budget, Office of Information and Regulatory Affairs, New Executive Office Building, Room 10102, Washington, DC 20503.

**Summer King,**  
Statistician.

[FR Doc. 2016-29539 Filed 12-8-16; 8:45 am]

**BILLING CODE 4162-20-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

#### Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276-1243.

#### Project: SAMHSA Transformation Accountability (TRAC) Data Collection Instrument (OMB No. 093-0285)—Revised

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) is proposing to modify one of its current Transformation Accountability (TRAC) system data collection tools to include previously

piloted recovery measures. Specifically, this revision entails the incorporation of twelve recovery measures into the current CMHS NOMs Adult Client-level Measures for Discretionary Programs Providing Direct Services data collection tool. As part of its strategic initiative to support recovery from mental health and substance use disorders, SAMHSA has been working to develop a standard measure of recovery that can be used as part of its grantee performance reporting activities.

This revision will add eight questions from the World Health Organization's (WHO) Quality of Life (QOL) to SAMHSA's existing set of Government Performance and Results Act (GPRA) measures along with four additional measures that support the WHO QOL-8. Data will be collected at two time points—at client intake and at six months post-intake. These are two points in time during which SAMHSA grantees routinely collect data on the individuals participating in their programs.

The WHO QOL-8 will assess the following domains using the items listed below:

Question No.	Item	Domain
1 .....	How would you rate your quality of life? .....	Overall quality of life.
2 .....	How satisfied are you with your health? .....	Overall quality of life.
3 .....	Do you have enough energy for everyday life? .....	Physical health.
4 .....	How satisfied are you with your ability to perform your daily living activities? .....	Physical health.
5 .....	How satisfied are you with yourself? .....	Psychological.
6 .....	How satisfied are you with your personal relationships? .....	Social relationships.
7 .....	Have you enough money to meet your needs? .....	Environment.
8 .....	How satisfied are you with the conditions of your living place? .....	Environment.

The revision also includes the following recovery-related performance measures:

Question No.	Item
9 .....	During the past 30 days, how much have you been bothered by these psychological or emotional problems? (This question will be placed in the instrument following the K6 questions for proper sequence).
10 .....	I have family or friends that are supportive of my recovery.
11 .....	I generally accomplish what I set out to do.
12 .....	I feel capable of managing my health care needs.

Approval of these items by the Office of Management and Budget (OMB) will allow SAMHSA to further refine the Recovery Measure developed for this

project. It will also help determine whether the Recovery Measure is added to SAMHSA's set of required performance measurement tools

designed to aid in tracking recovery among clients receiving services from the Agency's funded programs.

**TABLE 1—ANNUALIZED RESPONDENT BURDEN HOURS, 2016–2019**

Type of response	Number of respondents	Responses per respondent	Total responses	Hours per response	Total hour burden
Client-level baseline interview .....	55,744	1	55,744	0.58	32,332
Client-level 6-month reassessment interview <sup>1</sup> .....	44,595	1	44,595	0.58	25,865
Client-level discharge interview <sup>2</sup> .....	16,723	1	16,723	0.58	9,699